LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

Approved 11/14/2011

STANDARDS OF CARE
COMMITTEE MEETING MINUTES

September 1, 2011

MEMBERS PRESENT	MEMBERS ABSENT	DHSP STAFF	COMM STAFF/ CONSULTANTS
Angélica Palmeros, *Co-Chair*	Fariba Younai, *Co-Chair*	Mary Orticke	Jane Nachazel
David Giugni	Anthony Braswell		Glenda Pinney
Terry Goddard	Mark Davis	**PUBLIC**	Diane Tan
Bradley Land	Jenny O'Malley	Miki Jackson	Craig Vincent-Jones
Juan Rivera	Carlos Vega-Matos	Luke Klipp	
Robert Sotomayor		Jason Wise	

CONTENTS OF COMMITTEE PACKET:

1) **Agenda**: Standards of Care Committee Agenda, *9/1/2011*
2) **Minutes**: Standards of Care (SOC) Committee Meeting Minutes, *8/4/2011*
3) **Policy/Procedure**: #05.8001: Commission on HIV Continuum of Care Grievance Process, *8/28/2011*
4) **Table**: FY 2012 Priority Rankings, Consolidated Service Categories, *8/31/2011*
5) **Table**: FY 2012 Priority Rankings, Proposed Additional Consolidated Service Categories, *8/31/2011*

1. **CALL TO ORDER**: Ms. Palmeros called the meeting to order at 10:00 am.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order with Items 7.A, 9, 11 and 13 postponed (***Passed by Consensus***).

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the 8/4/2011 Standards of Care Committee meeting minutes (***Passed by Consensus)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP**: There were no comments.

6. **CO-CHAIRS' REPORT**: There was no report.

7. **QUALITY MANAGEMENT REVIEW**:
   A. **Quality Indicators**: This item was postponed.
   B. **Grievance Report**:
      - Ms. Orticke, Division of HIV and STD Programs (DHSP), presented on DHSP's Grievance Program. It meets Ryan White (RW) program requirements; helps resolve client issues not resolved at the agency level; identifies trends in services relative to access, delivery and quality; and information can be used to improve services.
      - Grievances can be filed by clients and advocates, contracted providers, HIV/AIDS stakeholders and the general public.
      - There are five ways to file. The DHSP hotline, 800.260.8787, has a live operator 8:00 am to 5:00 pm, Monday through Friday. Grievances can be left on voicemail after hours for follow-up the next business day. Grievances can also be mailed, faxed, e-mailed via the Public Health or DHSP websites, or submitted in person.

- The DHSP poster distributed in 2009 informs clients of their right to file a grievance and how to do so. All service sites must place posters where clients congregate. They have proven effective as reflected by an increase in grievances filed.
- Two of the 60 sites were concerned about the design. DHSP modified the poster slightly by, e.g., removing the red ribbon and the program identification while retaining content. Mr. Vincent-Jones and Mr. Land were concerned that an agency's reticence could reflect that the agency stigmatizes the disease. Ms. Orticke responded that both the agencies were in academic environments with heightened sensitivity to confidentiality issues among a diverse patient population.
- Mr. Vincent-Jones asked if clients also receive a handout. Ms. Orticke said that was not required, but she liked the idea.
- Ms. Orticke said DHSP found the six Patient's Bill of Rights categories too generic, so nine grievance categories and types were identified: enrollment issues, benefits issues, client issues, service administration, care/service access, service provider issues, perceived appropriateness and quality of care, DHSP-related issues, and non-jurisdictional items. Issues are referred to the Commission as needed.
- The seven DHSP Grievance Process steps are: 1) receipt (intake); 2) open case file and assign to reviewer; 3) investigate, which may include more information from the complainant, site visits/focus reviews, and/or collaboration with other agencies as needed; 4) identify and address quality of care issues with all involved parties; 5) determine grievance status of verified/substantiated or not verified; 6) close case and send official correspondence to all parties; 7) track reports.
- There have been 187 grievances filed, involving 37 agencies, from 2008 through the 59 filed to date in 2011. Of complete year data: 2008, 42 filed, 5 substantiated; 2009, 34 filed, 3 substantiated; 2010, 52 filed, 13 substantiated. Some are unsubstantiated as it is not possible to follow-up, e.g., contact information may not have been provided.
- In 2010, grievances were filed via: Grievance Line, 29; general DHSP phone, 11; e-mail, 7; and letter, 5. Complainants were: client/advocate, 40; provider, 4; HIV stakeholder, 4; and anonymous, 4. Service categories addressed were: housing, such as eviction, 16; medical outpatient, 15; grantee, such as the HIV LA Resource Directory, 3; dental/oral health, 3; transportation, 2; substance abuse, 2; case management, 1; ADAP, 1; and unknown, 1. The unknown category is used if a complainant does not provide sufficient information to otherwise categorize the contact. Only two complaints regarded prevention.
- Mr. Sotomayor was concerned grievances filed with DHSP are referred to the agency and then ignored. Ms. Orticke said the first step in resolving a complaint is to attempt to do so with the provider. That approach is the most respectful and also the most efficient. DHSP will ask a complainant if that has been done and, if not, will refer the complaint to the provider. DHSP will take up the complaint if it is not addressed or not addressed satisfactorily at the provider level.
- Ms. Orticke noted it becomes apparent if an agency has a specific employee with regularly poor performance because DHSP will receive multiple complaints about the individual. DHSP urges people to file grievances to spot such trends.
- The distribution of 2010 grievances was: SPA 1, 0; SPA 2, 6; SPA 3, 1; SPA 4, 27; SPA 5, 1; SPA 6,1; SPA 7, 7; SPA 8, 3; unknown, 6. Of 20 agencies with grievances: 1 agency had 11 grievances, 2 had 6; 1 had 4; 3 had 3; 3 had 2; and 10 had 1 each. DHSP conducted site visits/audits at 9 agencies.
- Ms. Jackson asked if grievances are also reviewed per capita. Ms. Orticke said DHSP reviewed managed care research showing a rate of 1 grievance per 1,000 clients. The RW system rate is about twice that. DHSP is working to understand reasons for the higher rate, e.g., the complexity of the patient population.
- Service provider issues was the grievance category with the most complaints in 2010, at 15 for unprofessional behavior, disrespectful treatment, disclosure of confidential information, harassment, client not included in care, and not helpful/responsive.
- Some agencies have requested training to improve their care, but neither DHSP nor AETC had staff to provide it.
- In 2010, there were 13 service administration complaints, for delay in service requests, unlawful eviction, fiscal/ financial fraud, non-payment of subcontractors, and no interpreter. Fiscal complaints have declined. They are referred to Financial Services and elevated to the Auditor-Controller, if appropriate. Cases are closed if referred out, but results are returned to the Program Manager.
- There were 8 quality of care/services grievances for changes in medication regimen, falsifying records (investigated with auditor assistance), delay in referrals to housing or dental, and delay in obtaining medications or refills.
- There were 7 benefits issues grievances for housing, eviction notices, and hotel vouchers.
- There were 6 access to care/services grievances for denied bus passes, support group meetings cancelled, denial of level 3 dental procedures, unable to obtain same day urgent care, and inadequate explanation of services.
- There were also 2 non-jurisdictional grievances and 1 enrollment grievance in 2010.

- Generally grievances are resolved within 45 days. DHSP tries to ensure each case is closed within 60 days.
- 2010 grievance outcomes were: agency aware, met client's needs, 25; client referred to another agency, needs met, 11; referred to other government agency for action, 8; agency aware, 4; case closed (no information from client), 2.
- A quarterly update with summary and details is presented at DHSP Program Division Manager meetings. A summary is presented bi-annually at Senior Management Team meetings. Summary presentations are available for planning bodies and quality of care subcommittees, excluding client and agency information.
- ➲ Ms. Orticke will send Mr. Vincent-Jones an electronic poster copy so it can be adapted for the Patient Bill of Rights.
- ➲ Mr. Vincent-Jones and Ms. Orticke will coordinate to ensure smooth referral of grievances between the bodies.
- ➲ Ms. Orticke will add data to show grievances that are substantiated, unsubstantiated and lack follow-up ability.
- ➲ Mr. Vincent-Jones noted Dr. Lilia Espinoza, AETC, has recently joined the Commission. He will coordinate a conference call with her and Ms. Orticke to explore how AETC might provide requested agency training.
- ➲ Ms. Orticke will add color bars to the Grievance Outcomes slide to reflect substantiated versus unsubstantiated grievances. Substantiation requires not always available documentation, but DHSP always addresses the issue.
- ➲ Ms. Orticke will distinguish care/treatment versus prevention data.
- ➲ Ms. Orticke will present at the 9/8/2011 Commission and provide bi-annual SOC and Commission reports thereafter.

8. GRIEVANCE POLICY AND PROCEDURES:

A. Pol. #05.8001: Grievance Procedures:

- Mr. Vincent-Jones said the draft was not yet complete, but he would try and ready it for the 9/8/2011 Commission meeting.
- RW requires a grievance process that includes conflict resolution, non-binding mediation and binding arbitration. HRSA has not defined a process to identify values for each level and the previous Commission policy did not do so either.
- Significant effort has gone into fully defining this process for the first time. The three phases of the process are:
  1) Certification of the grievance by ensuring all information is in place. It is then moved to the Executive Committee.
  2) Adjudication to ensure a grievance is appropriate, e.g., within Commission purview; adequate, e.g., information is sufficient to justify a grievance; and accurate, e.g., the grievance is correct. Previously the draft included actionable, e.eg., whether there was a means of resolution, but that was dropped as redundant with conflict resolution.
  3) Resolution, whether by conflict resolution, non-binding mediation or binding arbitration.
- He noted the policy will the Commission's longest as it is difficult to judiciously define system-wide grievances. They are amorphous compared to concrete grievances addressed by the DHSP process such as access to proper medication. The Commission has only addressed one grievance in the past, but it is important to define processes so that a grievance has a definable endpoint. Undefined areas tempt filers to continue indefinitely, which absorbs time and resources.
- Mr. Land noted sometimes a pharmacy does not carry or has limited supplies of a prescribed medication, which impacts a patient's ability to obtain it in a timely, monthly manner. He felt this will be a bigger problem with implementation of the Low Income Health Program (LIHP) and people migrating among systems.
- Mr. Vincent-Jones said it constitutes conflict of interest for the Executive Committee to adjudicate if the Commission is the grievant or the grieved party in the grievance. When the Commission is one of those parties, the grievance would go directly to resolution. There are multiple avenues to address the medication issue outside the grievance process, such as by increasing the allocation.

9. PRIORITY- AND ALLOCATION-SETTING (P-AND-A) DIRECTIVES: This item was postponed.

10. EVALUATION OF SERVICE EFFECTIVENESS (ESE): This item was postponed.

11. COST IMPACT/STANDARDS FEASIBILITY SUBCOMMITTEE: This item was postponed.

12. STANDARDS OF CARE:

- Mr. Vincent-Jones noted a new FY 2012 Priority Ranking list that reflects the approved standard consolidations. The consolidated standard is listed at the ranking of the highest ranked standard in the consolidated group.
- He also provided a second, color-highlight FY 2012 Priority Ranking list with additional proposed consolidations for consideration.

- Ms. Orticke suggested adding Partner Services to the Linkage To Care Standard. Mr. Vincent-Jones noted that is traditionally a prevention service, but he will add it to discussion materials for the planned Expert Review Panel.

13. **AETC REPORT**: This item was postponed.

14. **NEXT STEPS**: There was no additional discussion.

15. **ANNOUNCEMENTS**: There were no announcements.

16. **ADJOURNMENT**: The meeting adjourned at 11:30 am.